



**COMMERCIAL INSURANCE APPLICATION**  
**APPLICANT INFORMATION SECTION**

DATE (MM/DD/YYYY)

AGENCY <b>JOHN MUNDING INS AGCY INC</b> 108-A 1/2 S BROADWAY CLEVELAND, OK 74020	CARRIER			NAIC CODE	
	UNDERWRITER:		UNDERWRITER OFFICE:		
	POLICIES OR PROGRAM REQUESTED			POLICY NUMBER	
	GEN LIAB				
	INDICATE SECTIONS ATTACHED		ELECTRONIC DATA PROC		TRUCKERS/MOTOR CARRIER
	ACCOUNTS RECEIVABLE/ VALUABLE PAPERS		EQUIPMENT FLOATER		UMBRELLA
	BOILER & MACHINERY		GARAGE AND DEALERS		VEHICLE SCHEDULE
	BUSINESS AUTO		GLASS AND SIGN		WORKERS COMPENSATION
	COMMERCIAL GENERAL LIABILITY		INSTALLATION/BUILDERS RISK		YACHT
CRIME/MISCELLANEOUS CRIME		OPEN CARGO			
DEALERS		PROPERTY			
DRIVER INFO SCHEDULE		TRANSPORTATION/ MOTOR TRUCK CARGO			
CONTACT NAME:	SUSAN				
PHONE [A/C No., Ext.]:	918-368-3244				
FAX [A/C No.]:	918-368-3744	<input checked="" type="checkbox"/>			
E-MAIL					
ADDRESS:	[mundingins@all.net]				
CODE:	SUB CODE:				
AGENCY CUSTOMER ID:					

**STATUS OF TRANSACTION**

**PACKAGE POLICY INFORMATION**

<input checked="" type="checkbox"/>	QUOTE	<input type="checkbox"/>	ISSUE POLICY	<input type="checkbox"/>	RENEW	ENTER THIS INFORMATION WHEN COMMON DATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.				
BOUND (Give Date and/or Attach Copy):						PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	AUDIT
CHANGE	DATE	TIME	AM	PM	05/29/2013	05/29/2014	<input checked="" type="checkbox"/>	DIRECT BILL		
CANCEL								AGENCY BILL	PACKAGE POLICY PREMIUM: \$	

## **APPLICANT INFORMATION**

NAME (First Named Insured & Other Named Insureds) <b>BENJY D SMITH</b>		MAILING ADDRESS INCL ZIP+4 (of First Named Insured) <b>4900 BARBADOS AVE SAND SPRINGS, OK 74063</b>				
FEIN OR SOC SEC # (of First Named Insured): <b>Redacted</b>		PHONE (A/C, No, Ext): <b>918-640-3789</b>				
E-MAIL ADDRESS(ES):		WEBSITE ADDRESS(ES):				
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION NOT FOR PROFIT ORG	<input type="checkbox"/> LLC	NO. OF MEMBERS AND MANAGERS	CR BUREAU NAME:  ID NUMBER:	DATE BUS STARTED
INSPECTION CONTACT: <b>BENJY D SMITH</b>			ACCOUNTING RECORDS CONTACT:			
PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	PHONE (A/C, No, Ext):		E-MAIL ADDRESS:	

**PREMISES INFORMATION**

ACORD 823 attached for additional premises

LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	# EMPLOYEES	ANNUAL REVENUE\$	% OCCUPIED
1	1	4900 BARBADOS SAND SPRINGS, OK 74063	<input checked="" type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> TENANT		0	75,000 salary	100
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				
			<input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE	<input type="checkbox"/> OWNER <input type="checkbox"/> TENANT				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)**

**COURIER SERVICE FOR CASE & ASSOC PROPERTY, TULSA, OK**

HE PICKS UP VARIOUS RENTAL PROPERTY PAYMENTS (CHECKS, MONEY ORDERS, & LEASE AGREEMENTS, PAPER WORK, ETC) FROM AROUND THE AREA OF TULSA, OK AND DELIVERS TO HEADQUARTERS OF CASE & ASSOC FOR DEPOSIT.

HE ONLY CARRIES ABOUT \$400-\$600 AT ONE TIME, NEVER CARRIES CASH.

We have known Benjy for 6 yrs.

## GENERAL INFORMATION

AGENCY CUSTOMER ID: Benjy D. Smith

## EXPLAIN ALL "YES" RESPONSES

Y/N

1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

 N

1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

 N

2. IS A FORMAL SAFETY PROGRAM IN OPERATION?

 N

3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?

 N

4. ANY CATASTROPHE EXPOSURE?

 N

5. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?

 N6. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NOT RENEWED DURING THE PRIOR THREE (3) YEARS? (NO APPLICABLE IN MO)  
COMPANY NO LONGER COVERS COURIER SERVICE CODE Y

7. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?

 N8. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY?  
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment). N

9. ANY UNCORRECTED FIRE CODE VIOLATIONS?

 N

10. ANY BANKRUPTCIES, TAX OR CREDIT LIENS AGAINST THE APPLICANT IN THE PAST FIVE (6) YEARS?

 N

11. HAS BUSINESS BEEN PLACED IN A TRUST?

 N

(If "YES", NAME OF TRUST: \_\_\_\_\_)

12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?  
(If "YES", attach ACORD 816 for Liability Exposure and/or ACORD 816 for Property Exposure) N

REMARKS/PROCESSING INSTRUCTIONS (Attach additional sheets if more space is required)

 COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)**NOTICE OF INSURANCE INFORMATION PRACTICES** - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied) IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE



PRODUCER'S NAME (Please Print)

SUSAN SOUTTER

STATE PRODUCER LICENSE NO.

(Required in Florida)

84949

APPLICANT'S SIGNATURE

DATE

NATIONAL PRODUCER NUMBER

## PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: Benjy D. Smith

LINE	CATEGORY										
GENERAL COMMERCIAL LIABILITY	CARRIER	NORTH STAR									
	POLICY NUMBER	CG74646									
	POLICY TYPE	CLAIMS MADE	<input checked="" type="checkbox"/> OCCURRENCE	CLAIMS MADE	OCCURRENCE						
	RETRO DATE										
	EFF-EXP DATE	05/29/2012-05/29/2013									
	GENERAL, AGGREGATE	1,000,000									
	PRODUCTS COMP OP AGGREGATE	INCL									
	PERSONAL & ADV INJ	1,000,000									
	EACH OCCURRENCE	1,000,000									
	FIRE DAMAGE	100,000									
MEDICAL EXPENSE	5,000										
BODILY INJURY OCCURRENCE											
AGGREGATE											
PROPERTY DAMAGE OCCURRENCE											
DAMAGE AGGREGATE											
COMBINED SINGLE LIMIT											
MODIFICATION FACTOR											
TOTAL PREMIUM	\$365.00										
AUTOMOBILE	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	COMBINED SINGLE LIMIT										
	BODILY INJURY PERSON										
	EAACCIDENT										
PROPERTY DAMAGE											
MODIFICATION FACTOR											
TOTAL PREMIUM											
PROPERTY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	BUILDING AMT										
	PERS PROP AMT										
	MODIFICATION FACTOR										
TOTAL PREMIUM											
LOSS HISTORY	CARRIER										
	POLICY NUMBER										
	POLICY TYPE										
	EFF-EXP DATE										
	LIMIT										
	MODIFICATION FACTOR										
	TOTAL PREMIUM										

## LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)						<input checked="" type="checkbox"/> CHK HERE IF NONS	SEE ATTACHED LOSS SUMMARY	CLAIM STATUS
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM		DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	OPEN	CLSD

REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY

## ATTACHMENTS

<input type="checkbox"/>	STATE SUPPLEMENT(S) (if applicable)
<input type="checkbox"/>	